

F. SPECIAL HEALTH CARE NEEDS: ADMINISTRATIVE GUIDELINES

Introduction

The demand for school nursing services has increased in recent years because of increasing numbers of students with special health care needs who present themselves for enrollment in the public schools of Missouri. This influx has occurred, in part, because of medical technology which have led to the survival of children who, in the past would have succumbed to their illness; because of a growing trend for earlier dismissal from hospitals allowing students to return to home and to school while receiving treatment; and because of a growing trend toward placement of children with severe disabilities in integrated community settings, including their homes or specialized foster parent homes, rather than in institutions. Special procedures such as suctioning tracheostomies, catheterizations and others are now being requested in the school – an educational setting, not a medical setting.

These trends are supported by two federal statutes which pertain to the treatment of children with disabilities. Section 504 of the Rehabilitation Act of 1973 prohibits discrimination against children with handicapping conditions, or children who are regarded as handicapped, by recipients of federal funds. School districts must make reasonable accommodations to make their programs and services available to such children. Section 504 provisions are important because the definition of children with handicapping conditions is broader than the definition of such children under Public Law 94-142. Thus, a child may be eligible for certain services under Section 504, but not be eligible for special education under PL 94-142. Section 504 does not require an Individual Education Program (IEP) but does require a written plan. (See Appendix F.1 for *Sample Accommodation Form*) It is recommended that the district document that a group of individuals familiar with the student's needs met and identified the needed services.

PL 94-142 is the second federal statute that pertains to the issue of school health services. This statute requires local school districts to provide a "free appropriate public education" for eligible children through the provision of special education and related services. Related services have been defined by regulation and by court decisions to include school health services. Criteria for required services include:

1. Can be learned in a reasonable amount of time
2. Should not require the presence of a physician, medical judgement from extensive medical training, or an undue amount of time to perform
3. Must be provided or performed during the school day for the pupil to attend school or benefit from his/her educational program
4. Must be ordered by a licensed physician or surgeon

The variety of procedures described in these guidelines would clearly be included in the definition of school health services under PL 94-142; and therefore, may be the responsibility of school districts to provide when they are determined to be necessary for

a child with a disability to benefit from the special education program, as determined by the Individual Education Program (IEP). PL 94-142 was reauthorized in 1990 and the title was changed to the Individuals with Disabilities Education Act (IDEA).

Quality health care is in the best interest and safety of the students and supports the optimal educational experience. This health care is best provided in the school through assessment, planning and monitoring by a registered nurse, in collaboration with the student's primary physician. Districts enrolling students with complex medical conditions must have access to this type of health care management in order to safely provide for the student's special needs.

Purpose

These administrative guidelines have been developed in order to assist school districts who serve students with complex medical conditions in making informed decisions regarding the delivery of health services at the school. Students with complex medical conditions may be medically unstable, have unpredictable responses to medication or treatment, may need care requiring professional judgement to modify a necessary procedure, or require medication at school. This type of care should be managed by a registered nurse and may include activities that cannot be delegated. Students with non-complex medical conditions may require procedures that can be performed safely as outlined in specific procedural guidelines, with no need for alterations requiring medical judgement. This type of care could be delegated to properly trained personnel.

Determination of Services Required

Districts without school nursing services should consider contracting with the local community health nurse to provide assessment, determine required services and identify who can safely provide the care. This determination is based on the nurse's evaluation of a number of variables specific to each student. These variables include, but are not limited to:

- Number of medications, action, dosage, side effects of each drug and route of administration
- Utilization of medication on an as-needed basis (PRN)
- Nature, frequency and complexity of prescribed treatments the student requires and the assessment needed for PRN treatments
- Complexity and acuteness of the observations and judgements the caregiver must make
- Stability of the student's medical condition, i.e., can the student's condition change dramatically to life-threatening within a few seconds/minutes?
- Current specialized knowledge base and proficiency of psychomotor skill required by the proposed caregiver
- Specific student's ability to communicate his/her needs to the caregiver
- Level of preparation and experience of the designated direct caregiver

Identification of Care Providers

A *Technical Skills Chart* (See [Appendix F.2](#)) will assist school districts in clarifying the roles of the school nurse and other school personnel who might be directly involved in providing the health care requested in the school setting.

School districts without the services of a registered nurse should use the Technical Skills Chart in determining what additional personnel would be needed to safely provide for the care of a student with special needs. Special care procedures also include the administration of medication. Factors to be considered when determining who can safely provide these services include:

- Stability of student's condition
- Complexity of task
- Level of judgement and skill needed to safely alter the standard procedure in accordance with the needs of the student; and
- Level of judgement required to determine how to proceed from one step to the next.

Competencies of Personnel

The registered nurse should take the responsibility, in most cases, to determine who is competent to provide needed care. See [Appendix F.3](#) for a description of the competencies recommended for different levels of personnel. The delegation and supervision by registered nurses of unlicensed assistive personnel (UAP) assisting with the student's care is a major concern and is controlled by the Missouri State Board of Nursing and the Board of Healing Arts. The Technical Skills Chart indicates those procedures which should never be delegated. The registered nurse, by law, can perform those procedures for which she has the skill and education. In some of the more complex tasks, there will need to be training for the registered nurse provided by a physician, clinical nurse specialist from the tertiary care center and parents. Parents have learned to perform the procedures required by their child and take the responsibility for their care 24 hours a day. They should be involved in the selection and training of school personnel to whom this care is delegated, indicate that they understand who will perform the procedure and be satisfied with the mastery of the care provider. (See [Appendix C.4](#) for the *Missouri State Board of Nursing Position Statement* and [Appendix F.4](#) for the *National Association of State School Nurse Consultants Position Statement*.)

Documentation of Plan of Care

It is essential to have a "Health Care Action Plan" for students with special needs (See [Appendix F.5](#) for a *Sample Health Care Action Form*) This plan serves as a written agreement with the student's parents, health care provider and school personnel and outlines how the district intends to meet the student's health care needs. This plan is different from the Individualized Healthcare Plan designed for nursing interventions. The Action Plan provides for effective and efficient planning and protects both the

student and school personnel. Components of the Health Care Action Plan should include:

- Pertinent information about the student, i.e., names of parents/guardians, addresses and phone number(s)
- List of key personnel, both primary care providers and school personnel
- Emergency information
- Emergency plan (potential child-specific emergencies)
- Background information, i.e., medical history, summary of home assessment, self care, family and life style factors, baseline health status, required medications and diet, and transportation needs
- Licensed health care provider's order for medications, treatments or procedures
- Parent authorization for specialized health care
- Plan for specific procedures, with list of possible problems
- Daily log for procedures
- Documentation of training if procedures are delegated

Students who are in special education and have an IEP should have their Health Care Action Plan referenced in the IEP, and components may be incorporated in the IEP if there are services or learning needs that are appropriate for inclusion.

Emergency Plan

The needs of a technology-dependent child may require that written protocols be developed to address possible medical emergencies the student may experience while in the school setting. These protocols will be part of the Health Care Action Plan. The protocols would include:

- Definition of a medical emergency for this child;
- List of individuals to be notified when the emergency occurs;
- Identification of person who will initiate and direct the action to be taken;
- Specific action to be taken in this emergency; and
- Transportation procedures.

These student-specific emergency plans should be shared with teaching staff and other school personnel, including ancillary staff such as cafeteria workers, custodians and bus drivers (See Appendix F.6 for *Sample Emergency Plan Form*) If the student is transported, specific training and plans should be provided to bus drivers. (See Appendix F.7 for *Sample Transportation Plan*).

Guidelines For Developing Health Care Action Plan

Purpose

Enrollment of students with special health care needs in the school setting presents a challenge to students, families and school staff. Development of a health care action plan provides for effective and efficient delivery of services that promotes school success for the student and reduces the liability of the school district.

Responsibilities

A. Parent/Guardian

The parent/guardian has the most information regarding the unique needs of their child and they should play a major role in the development of the health care action plan. This role includes:

1. Being an advocate for their child
2. Providing access to health care providers for information and orders for the medications and treatments as necessary
3. Participating in the identification and training of providers in the school setting for child-specific procedures
4. Approval of the health care and emergency plans
5. Notifying the school nurse of changes in the student's condition, health care providers or health care needs

B. Administrator

1. Reviews the appropriate health and education assessment to determine the needs of the student in the school setting
2. Provides adequate staffing to address the student's education, transportation and health needs
3. Provides time and support for training of registered nurses and other staff as necessary
4. Informs the Director of Transportation of the student and potential needs for health care. Provides a copy of the Emergency Plan and arranges for any needed inservice
5. Manages potential environmental concerns such as:
 - Informing all personnel, including lunchroom and playground staff of potential environmental situations
 - Special equipment needs, such as a wheelchair ramp
 - Extermination of insects to safeguard students from possible insect bites and stings
 - Emergency power supply for life-sustaining equipment
 - Appropriate outlets for health care equipment
6. Knows the potential need for available emergency medical services:

- Local emergency unit – level of training
 - How long does it take for emergency services to arrive
 - Cost of transportation
 - Flight rescue available – cost, time from hospital
7. Communicates with parents
- Need to participate in developing plan, expressing concerns
 - Expected costs and who will be responsible
 - Ensures parents have supplied the necessary emergency information

School Nurse

1. Reviews emergency and/or health information and determines which students will require a health care action plan.;
2. Obtains significant health data on identified students;
3. Completes a nursing assessment and summarizes data. This data base should include:
 - Age of student at onset of condition
 - Description of condition/course of illness
 - Summary of treatment
 - Other significant illness, allergies
 - Date last seen by primary health care provider for noted condition
 - Name, address and phone numbers for care provider
 - Significant emergency information for the Emergency Plan:
 - a) what constitutes a medical emergency for this student
 - b) preferred hospital
 - c) what orders, supplies or medications needed for this medical emergency
 - Health care procedures, including medication administration, that will need to be implemented and what orders, supplies, medications and equipment that will be needed and who will be responsible for obtaining same (See Appendix F.8 for *Care of Equipment*)
4. Secures signed release of confidential information for all sources of significant medical information
5. Develops and implements the health care action plan to be carried out at school. This plan should include situations that might arise while the student is on the bus, on field trips, during safety drills and in the event of a disaster. This plan should include the following components:
 - Student identification data and date of plan
 - Description of the health condition and possible effects on this student. If multiple problems exist, list each as a separate problem in the action plan
 - General guidelines for determining action
 - Procedures to be followed
 - School personnel to be trained in child-specific procedures and problem management
 - Typed plan, signed by nurse, parent administrator

6. Sends Health Care Plan to physician for review and comments (See Appendix F.9 for *Sample Letter to Physician*).
7. Files health care action plan in student's record and notes on emergency card that a health care action plan is on file.

Appendix F.1

ACCOMMODATION PLAN PERIOD from _____ to _____ Review date _____	STUDENT SECTION 504 ACCOMMODATION PLAN
Name _____ Birthdate _____ School _____ Grade _____ Date of Plan Meeting _____	
Describe the nature of the concern which results in an unequal educational opportunity due to a handicapping condition: 	
Describe the basis for determination of a handicapping condition: 	
Describe the reasonable accommodations that are necessary: 	
Participants Name _____ _____ _____ _____ _____	Title _____ _____ _____ _____ _____

Appendix F.2

Technical Skills and Services to Meet the Health Care Needs of Students in the School Setting

All students requiring technical skills and services to meet their health care needs at school should be seen by a registered nurse (RN) for assessment, planning and monitoring. In addition, those students should have a health care action plan written and implemented by a registered nurse. The registered nurse may be employed by the school district or contracted from an agency where nursing services are available.

When a physician's written authorization is required for specialized health care, the physician may serve as a team member to develop a health care action plan. The procedure should not be performed at school unless clearly necessary and when it cannot reasonably be accomplished outside of school hours. Students and parents should inform school personnel of techniques and procedures being used at home.

There are certain procedures that cannot be performed by a non-medical person. School personnel, including the nurse, may need additional training for some procedures. If no registered nurse is available, a physician should determine who may safely provide care.

The Department of Health has training videos on a number of chronic health conditions and the care required in the school setting. Commercially available procedure books also include forms on which to document the skills taught. The caregiver, the parent and the nurse should all sign off on the initial training. The person delegating the care should periodically monitor the quality of the care to ensure the procedure is being followed as taught, is being documented as required and the caregiver is reporting concerns appropriately.

The following chart describes the student's health care needs and who may be considered as a caregiver. A physician or a registered nurse should make the determination based on an assessment of the child's health status, the complexity of the procedures and the capability of the proposed caregiver. The caregiver must be provided training and support until they feel competent to provide the care. The person delegating the care must be confident the caregiver has mastered the skills necessary.

TECHNICAL SKILLS CHART

HEALTH CARE NEED	SCHOOL PERSONNEL						CIRCUMSTANCES REQUIRING NURSING JUDGEMENT	REMARKS
	RN	LPN	PT	OT	T	O		
Personal Care 1. Dressing (Assist with clothing)	X	X	X	X	X	X		Student and parent can inform school personnel of procedure being used at home.
2. Personal Hygiene Oral care Nail care Skin care Bathing Menstrual Hygiene	X	X	X	X	X	X	Evidence of rash, skin breakdown and/or infection	May request personal care items from parent unless activity is called for in IEP.
3. Decubitus Prevention Care	X X	X X	X	X	X	X *	*RN may determine if other caregivers may provide care for decubitus if evidence of granulation and non-healing.	Prevention care to be taught by RN, OT or PT. Requires physician's orders.
4. Positioning	X	X	X	X	X	X	Evidence of skin breakdown and/or pain on movement.	Adequate space and equipment must be available. Positioning to be taught by PT, OT, or RN.
5. Exercise (range of motion or prescribed exercise program.	X	X	X	X	X	X	Evidence of pain or restricted movement.	May require a physician order. Adaptive PE teacher should be involved.
6. Ambulation (assistance with cane, walker, wheelchair, crutches)	X	X	X	X		X		Appropriate equipment must be available. May require physician's order. Adaptive PE teacher should be involved.
7. Casts, Braces and Prostheses (observation, alignment, functioning)	X	X	X	X	X	X	Evidence of impaired circulation, infection, pain, drainage or bleeding.	

HEALTH CARE NEED	SCHOOL PERSONNEL						CIRCUMSTANCES REQUIRING NURSING JUDGEMENT	REMARKS
	RN	LPN	PT	OT	T	O		
8. Use of Warm and Cold Applications	X	X	X	X		X	Change in skin color, texture, or temperature beyond what is expected from application.	May require physician's order. Supplies and equipment must be available. Special precautions to be observed for students with diabetes, heart disease or unstable body temperatures.
9. Measurements Temperature, Pulse and Respiration (TPR) Blood Pressure	X	X				*	Evidence of fluctuating or abnormal TPR.	Appropriate equipment must be available. Medications may effect changes.
	X	X				*	Evidence of fluctuating BP or protocol requiring BP be taken before or after medication or treatment.	
Height/Weight	X	X	X	X	X	X	Evidence of frequent fluctuations or dramatic changes. Arrested growth.	
Intake/Output	X	X	X	X	X	X	Changes in usual patterns.	

HEALTH CARE NEED	SCHOOL PERSONNEL						CIRCUMSTANCES REQUIRING NURSING JUDGEMENT	REMARKS
	RN	LPN	PT	OT	T	O		
10. Medications (Assist student)	X	X				*	Medications requiring BP, radial or apical pulse before or after medication. Medications that require nursing judgement to determine dose.	The school should have a policies for medication administration, regardless of route of administration. Requires physician order (prescription) and parent authorization. Other the counter drugs require at least a parent authorization. Unlicensed personnel giving meds must be appropriately trained in specific routes of administration of medications. Training must be documented.
Oral	X	X				*	RN should provide the training of any personnel giving medications.	
Rectal	X	X				*		
Ophthalmic (eye)	X	X				*		
Otic (ear)	X	X				*		
Medications via gastrostomy or nasogastric tube	X	X				*	Usually not delegated. Evidence of displacement of tube, obstruction of tube, excessive vomiting or diarrhea	Requires prescription which must specify administration via feeding tube. Nursing personnel will follow health care action plan for reinsertion of tube if displaced.
Medication via intravenous tube (already in place)	X	X					Not to be delegated except to qualified nursing personnel.	Requires prescription. If tubing obstructed, follow health care action plan.
Medications by Intramuscular or subcutaneous injection	X	X					Not to be delegated except to qualified nursing personnel. Might be given by other trained personnel in an emergency, e.g., severe allergic reaction.	Requires prescription.

HEALTH CARE NEED	SCHOOL PERSONNEL						CIRCUMSTANCES REQUIRING NURSING JUDGEMENT	REMARKS
	RN	LPN	PT	OT	T	O		
11. Fluids <ul style="list-style-type: none"> Nourishment Preparation Oral feedings Hyperalimentation (high calorie intravenous feedings) Gastrostomy or Nasogastric tube feeding (tube or button in place) 	X X X X	X X 	X X 	X X 	X X 	X X *	<p>Special diets required. Evidence of change in student's oral, motor, swallowing, positioning and/or sensory abilities. May be delegated to qualified nursing personnel.</p> <p>Evidence of obstruction, malabsorption, infection at insertion site, displacement of tube, excessive vomiting or diarrhea.</p>	<p>Student and parent/guardian should inform school personnel of procedures used at home.</p> <p>Requires prescription</p> <p>Procedure requires a prescription. If feeding does not require a prescription, schools that participate in USDA school lunch program must provide formula at price of regular lunch. Nursing personnel will follow health care action plan for reinsertion of tube.</p>

HEALTH CARE NEED	SCHOOL PERSONNEL						CIRCUMSTANCES REQUIRING NURSING JUDGEMENT	REMARKS
	RN	LPN	PT	OT	T	O		
12. Bowel and Bladder Care: <ul style="list-style-type: none"> • Bedpan, urinal or commode • Care of Incontinent student (including diapering) • External Urinary Catheter • Clean Intermittent Catheterization • Indwelling Catheter • Prescribed Bowel and Bladder Training • Stoma Care 	X	X				*	Evidence of infection and/or skin breakdown.	Appropriate equipment must be available.
	X	X				*	Evidence of infection and/or skin breakdown. Bowel/bladder training may be indicated.	Parent/guardian must provide supplies and clean clothing. Is an infection control issue.
	X	X				*	Evidence of infection or pain.	Parent/guardian provides supplies.
	X	X				*	Evidence of infection, pain, bleeding, inability to insert catheter.	Requires physician order and parent authorization. Student and parent inform school of procedures used at home.
	X	X				*		Parent/guardian to provide supplies.
	X	X				*	Evidence of skin breakdown or infection.	Parent/guardian to provide supplies.
	X	X				*		

HEALTH CARE NEED	SCHOOL PERSONNEL						CIRCUMSTANCES REQUIRING NURSING JUDGEMENT	REMARKS
	RN	LPN	PT	OT	T	O		
13. Respiratory Care:								
• Postural drainage and/or percussion	X	X	X	X		*	Evidence of increasing respiratory distress	
• Spirometer (assisted deep breathing)	X					*	May be provided by respiratory therapist or delegated to qualified nursing staff. Evidence of increasing respiratory distress	Requires physician order.
• Oxygen per mask or Cannula	X					*	May be provided by respiratory therapist or delegated.	Requires physician order. Requires safety precautions for oxygen use, storage, etc. Parent/guardian provides equipment, supplies, and oxygen, and takes responsibility for moving oxygen tanks.
• Oxygen per nebulizer	X					*	May be provided by respiratory therapist or delegated. Evidence of increasing respiratory distress or obstruction. Need for medication.	Requires physician order. Alternate power supply must be available. Follow medication policy if drugs are administered via nebulizer.
• Suctioning (oral) Machine or bulb	X	X				*	Respiratory distress during suctioning. Evidence of bright red bleeding	Requires physician order.
• Tracheostomy	X	X				*		
14. Dressings:								
• Reinforcement	X	X				*	Excessive bleeding or discharge. Complaints of pain or discomfort	
• Clean dressing	X	X				*		
• Sterile	X	X					May be delegated to qualified nursing personnel	Requires physician order. Parent/guardian provides supplies.

HEALTH CARE NEED	SCHOOL PERSONNEL						CIRCUMSTANCES REQUIRING NURSING JUDGEMENT	REMARKS
	RN	LPN	PT	OT	T	O		
15. Specimen collection (Urine, stool, sputum, Blood, throat culture)	X	X				*	Evidence of infectious disease	Requires a physician order. Is an infection control issue. Health care provider or parent/guardian provides supplies and appropriate collection container. Observe universal precautions, wearing gloves.
16. Specimen testing Urinalysis Hematocrit Blood Glucose monitoring	X X X	X X X				* *	Report questionable results	Designate personnel to monitor self-testing by student. Parent/guardian to provide supplies. Requires physician order

RN – Registered Nurse

LPN – Licensed Practical Nurse

PT – Physical Therapist

OT – Occupational Therapist

T – Teacher(s)

O -- Others Includes individual appropriately trained, as specified in health care action plan for student. Training may be done by personnel listed as providers.

If another type of specialized procedure is required by a student in the school setting, the student/family, student's physician and school staff, including the registered nurse will jointly determine who can best provide the care.

Appendix F.3

Competencies of Personnel Providing Health Services in Schools

In exploring the provision of health-related services in schools, it is necessary to outline the competencies of the individual providing the care. This is necessary not only from a legal, but from an ethical standpoint. The following provides a summary of these competencies.

I. Registered Nurse

- A. The nurse must have a current license in good standing to practice as a registered nurse in the state of Missouri.
- B. Performance of professional nursing services means the performance of both independent nursing functions and delegated medical and dental functions which require specialized knowledge, judgement and skill and as governed by the Missouri Nurse Practice Act.
- C. The professional nurse has an ethical and legal responsibility to provide care according to the code of ethics and the Nurse Practice Act.
- D. Special competencies of the registered nurse include, but are not limited to, the ability, knowledge and skill to perform the following activities:

1. Assessment

- a) Obtain health information from health care providers
- b) Determine the depth to which the health assessment is required for each individual student
- c) Use physical assessment skills in determining the current health status of the student
- d) Interpret health history information, medical reports, nursing observations and test results
- e) Determine the importance of the health information and its impact on the educational process
- f) Make specific recommendations regarding care

2. Planning

- a) Develop a health care plan to meet the student's individual health needs in the school setting; and
- b) Collaborate with school personnel, student, parents and primary care provider to develop this plan.

3. Implementation and Evaluation

- a) Coordinate all medical contacts, referrals and interpretation of medical data
- b) Manage the health care plan for the student's special needs in the school setting
- c) Provide direct health care services for the student when appropriate and if properly trained

- d) Develop procedures and provide training for others providing care
- e) Monitor the health services provided by other school personnel
- f) Make recommendations to modify the school program to meet the student's health care needs
- g) Provide health consultation/health education/health promotion to the student and family
- h) Act as a liaison between school, community health care providers, parent and student
- i) Periodically evaluate the health care plan and set new goals and objectives to meet the student's current needs

II. Other school personnel providing health related services in school settings

- A. Professionals certified by the Missouri Department of Elementary and Secondary Education should follow the standards of their profession in relation to their involvement in the health care plan.
- B. Non-certified school personnel are identified as those functioning under the direction of the principal, with consultation with the school nurse. This category would include secretaries, health aides, teacher aides, etc. This group is referred to as unlicensed assistive personnel (UAP). Licensed practical nurses must be supervised by a registered nurse or a physician.

Qualifications of these UAPs include, but are not limited to:

- Is currently trained in first aid and CPR
- Participates in training and mastery evaluation of skills
- Is dependable and reliable when working within the confines of guidelines and health care plans
- Uses discretion and respects confidentiality of information
- Exercises good judgement and requests additional assistance when necessary
- Provides designated health care services, within the individual's ability and training, for the student as identified in the plan and monitored by the registered nurse

Appendix F.4

The National Association of State School Nurse Consultants, Inc.

Position Statement

Delegation of School Health Services to Unlicensed Assistive Personnel

The National Association of State School Nurse Consultants' position on delegation of school health services in schools includes the following beliefs:

1. In order to benefit from educational programs and to maximize energy for learning, students with chronic health conditions must maintain their health at an optimal level at school. This requires access to safe environments and to health care services provided by professional registered nurses (RNs) and when appropriate, by qualified unlicensed assistive personnel (UAPs) to whom RNs safely delegate aspects of student care.
2. Safe delegation of nursing activities in schools requires that:
 - The primary goal is to maximize the independence, learning and health of students;
 - Individualized student health care plans are developed by the RN in collaboration with the student, family, health care providers, and school team;
 - School nurses receive standardized education related to delegation to, and supervision of unlicensed assistive personnel (UAPs);
 - Unlicensed assistive personnel (UAPs) successfully complete standardized training and child-specific training prior to participating in delegated care; and
 - The RN has sufficient decision-making authority, administrative support, supervisory responsibility and necessary resources to ensure safe care for students.
3. The RN uses professional judgment to decide which [student] care activities may be delegated, to whom and under what circumstances. "This professional judgment is framed by the state nursing practice act and national standards of nursing. Institutional policies cannot contradict state law" American Nurses' Association, 1994, p.11).

Definitions

Delegation is "the transfer of responsibility for the performance of an activity from one individual to another, with the former retaining accountability for the outcome" (American Nurse's Association (ANA), 1994, p. 11).

While some state rules, regulations or guidelines may use different terms for delegation of nursing care activities, the critical concept is that when the RN determines that someone who is not licensed to practice nursing can safely provide a selected nursing

activity or task for an individual student and delegates that activity to the individual, the RN remains responsible and accountable for the care provided.

Unlicensed assistive personnel (UAP) are “individuals who are trained to function in an assistive role to the registered professional nurse in the provision of [student] care activities as delegated by and under the supervision of the registered professional nurse” (ANA, 1994, p. 2).

Supervision “is the active process of directing, guiding and influencing the outcome of an individual’s performance of an activity” (ANA, 1994, p.10).

Rationale

Across the nation today, students with special health care needs are attending school and placing new demands on school districts. Local school boards must provide sufficient staff and resources to ensure a level of school health services not previously required.

The reasons include:

1. Changes in the health care system resulting in the medical treatment of children, even those with complex medical problems, in out-patient community settings rather than in-patient, acute care settings
2. Advances in medical technology resulting in far greater mobility of those who are technology dependent, allowing them to live at home and attend school
3. Federal mandates ensuring students with health-related disabilities access to appropriate educational programs and related services in the least restrictive environment
4. Parents’ expectations regarding their children’s rights to health care at school

These trends raise issues regarding educational placement and maintenance of student health and student safety, as well as school and professional accountability. In making decisions about the educational placement of students with health care needs and the provision of nursing services, the primary concern must be the health and safety of the students. A secondary concern is the liability of all involved parties (e.g., the school board, school administrators, school staff and the school RN). School administrators are legally responsible for the safety of all students, including the provision of required health services by qualified staff. Using non-qualified staff risks harm to students. In addition, non-licensed school staff are liable for their actions if they practice nursing or medicine without a license.

Nurses’ Responsibility for Quality Care

By professional and legal mandate, school RNs are ultimately responsible to the student for the quality of nursing care rendered. If a nurse errs in making decisions regarding

care or who can safely perform it, the student suffers. In addition, the RN can be personally and professionally liable for errors in nursing judgment. If the RN's actions violate the requirements of the nursing practice act, the state board of nursing can take disciplinary action against the RN, including revocation of his/her license to practice.

While school district administrators have certain responsibilities regarding the educational placement of students, they cannot legally be responsible for deciding the level of care required by an individual student with special health care needs. The RN, based on the state's nurse practice act and related rules and regulations, determines whether the care should be provided by a licensed nurse or delegated to trained and supervised unlicensed assistive personnel.

The registered professional school nurse is responsible to determine whether delegation of nursing care is appropriate in each individual situation even if a physician or other health professional states or "orders" that such care should be provided by an UAP (unless a physician or other professional takes full responsibility for the training and supervision of the UAP). Furthermore, it must be both legally and professionally appropriate for that professional to engage in delegating the specific health care activity to unlicensed individuals.

While parents sometimes believe that they should determine the level of care required for their child, it is critical for parents to distinguish between themselves as care takers at home and employed school personnel as care providers at school. Among other variables, the school setting is an environment entirely different from the home: school personnel have different responsibilities in their positions and different obligations under the law, school personnel change, and the parent does not have the authority in the school to make administrative decisions or to supervise school staff. In addition, while nursing practice acts make exceptions for parents or family members who provide nursing care to a family member in their homes, this is an exception to the licensure provisions and does not empower families to extend that right to other individuals in other settings. It is essential that the family, school RN, school team and health care providers work in collaboration to plan and provide the student with high-quality care in an environment that is not only least restrictive, but also safe for all students and staff.

Questions About Delegating Care

There are two critical questions involved in delegating and supervising a nursing care activity:

1. Is the activity a nursing task under the state's definition of nursing?

Nursing activities are defined by state statute and interpreted by the state board of nursing. A state's attorney general's opinion, court decision or other mandate may modify the state's definition of nursing or interpretation of its scope of practice. Based on these definitions and interpretations, the nurse decides whether or not the activity or procedure is one that can only be performed by a registered nurse.

2. Can the activity be performed by unlicensed assistive personnel under the supervision of a registered nurse?

The delegation of nursing activities to UAPs may be appropriate if:

- It is not otherwise prohibited by state statute or regulations, legal interpretations, or agency policies
- The activity does not require the exercising of nursing judgment
- It is delegated and supervised by a registered nurse

Determinations Required in Each Case

The delegating and supervising registered nurse makes the following determinations, on a case-by-case basis, for each student with health care needs and each required nursing activity:

1. The RN validates the necessary physician orders (including emergency orders), parent/guardian authorization, and any other legal documentation necessary for implementing the nursing care.
2. The RN conducts an initial nursing assessment.
3. Consistent with the state's nursing practice act and the RN's assessment of the student, the RN determines what level of care is required: registered professional nursing, licensed practical or vocational nursing, other professional services, or care by unlicensed assistive personnel (UAP).
4. Consistent with the state board of nursing regulations, the RN determines the amount of training required for the UAP. If the individual to whom the nurse will delegate care has not completed standardized training, the RN must ensure that the UAP obtains such training in addition to receiving child-specific training.
5. Prior to delegation, the nurse evaluates the competence of the individual to safely perform the task.
6. The RN provides a written care plan to be followed by the unlicensed staff member.
7. The RN indicates, within the written care plan, when RN notification, reassessment, and intervention are warranted, due to changes in the student's condition, the performance of the procedure, or other circumstance.
8. The RN determines the amount and type of RN supervision necessary.
9. The RN determines the frequency and type of student health reassessment necessary for on-going safety and efficacy.

10. The RN trains the UAP to document the delegated care according to the standards and requirements of the state's board of nursing and agency procedures.
11. The RN documents activities appropriate to each of the nursing actions listed above.

If Care Cannot Be Safely Provided in School

After consultation with the family, student's physicians, or other health care providers, other members of the school team, and appropriate consultants, the RN may determine that the level of care required by the student cannot be safely provided under current circumstances in the school. In that event, the school nurse should refer the student back to the initial assessment team and assist the team to reassess the student's total needs and explore alternative options for a safe and appropriate program. If such a program is not designed and the student continues in an unsafe situation, the RN should:

1. Write a memorandum to his/her immediate supervisor explaining the situation in specific detail, including:
 - Recommendations for safe provisions of care in the schools
 - The reason the care or procedure should not be performed in school and a rationale to support this
2. Maintain a copy of the memo for the RN's personal file.
3. Allow the supervisor a reasonable period of time to initiate action to safeguard the student.
4. If such action does not occur, forward a copy of the memo to the following, as indicated: the state board of nursing, the district superintendent, the state school nurse consultant, and the division of special education, department of education.
5. Regularly notify his/her supervisor and others, as appropriate, that the unsafe situation continues to exist until such time as the issue is resolved.

Revised July 1995

Reference: American Nurse's Association (1994). Registered professional nurses and unlicensed assistive personnel. Washington, DC: American Nurses Publishing.

Appendix F.5

Health Care Plan Period _____ to _____ Review date _____	INDIVIDUALIZED HEALTH CARE ACTION PLAN
I. IDENTIFYING INFORMATION	
Student's name	School
Birthdate	Teacher
Age	Grade
CONTACTS	
PARENT/GUARDIAN Mother's name _____ Home Phone _____ Address _____ Work Phone _____ Father's name _____ Home Phone _____ Address _____ Work Phone _____ PHYSICIAN Physician _____ Phone _____ Address _____ HOSPITAL Hospital Emergency Room _____ Phone _____ Hospital Address _____ Phone _____ EMERGENCY MEDICAL SERVICES _____	
II. MEDICAL OVERVIEW	
Medical condition _____ Any Known Allergies _____ Medications _____ Possible side effects _____ Health care procedures needed at school	

III. OTHER SIGNIFICANT INFORMATION				
<input type="checkbox"/> Emergency Action Plan on file <input type="checkbox"/> Individual Health Plan on file				
IV. BACKGROUND INFORMATION/NURSING ASSESSMENT				
Brief Medical History				
Special Health Care Needs				
Social/Emotional concerns				
V. HEALTH CARE ACTION PLAN				
Attach physician's order and any specialized procedure.				
Student specific procedures/interventions				
Procedure	Performed by	Equipment	Maintained by	Authorized/trained by

V. HEALTH CARE ACTION PLAN (cont.)		
Medications		
Dietary Needs		
Transportation Needs		
Classroom/School Modifications (including adaptive PE)		
Equipment – list necessary equipment/supplies	Provided by parent	Provided by school
None required		
Safety measures		
Substitute/Back up (when primary caregiver is not available)		
Possible problems to be expected when performing procedure(s)		
Emergency Plan _____ Transportation Plan _____		

VI. DOCUMENTATION OF PARTICIPATION

We have participated in the development of the Health Care Action Plan and agree with its contents.

Signature _____ Date _____

_____ Administrator or Designee

_____ Parent

_____ Nurse

_____ Teacher

VI. PARENT AUTHORIZATION FOR SPECIAL HEALTH SERVICES

We (I), the undersigned who are the parents/guardian of _____
Birthdate _____, request and approved this Health Care Action Plan. We (I), understand that a qualified person (s) will be performing the health care service. It is our understanding that in performing this services, the designate person(s) will be using the attached special care procedure which has been approved by the student's physician and health care team.

We (I) will notify the school immediately if the health status of _____
Changes, if we change physicians, or there is a change or cancellation of the procedure.

We (I) agree to provide the following, if any: medication, medication equipment and supplies and dietary supplements requiring a prescription.

<p>_____</p> <p>Parent Signature</p> <p>Date _____</p>	<p>_____</p> <p>Parent Signature</p> <p>Date _____</p>
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Appendix F.7

Transportation Plan Period from _____ To _____ Review date _____	TRANSPORTATION PLAN FOR STUDENT WITH SPECIAL HEALTH CARE NEEDS
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I. ADAPTATIONS/ACCOMMODATIONS REQUIRED

_____ Transportation Aide

_____ Bus Lift

_____ Seat Belt

_____ Special Restraint

_____ Wheel Chair tie down

_____ Space for equipment: specify _____

II. POSITIONING OR HANDLING REQUIREMENTS

_____ None

_____ Describe

III. BEHAVIOR CONSIDERATIONS

_____ None

_____ Describe

IV. TRANSPORTATION STAFF TRAINING

Training has been provided to drivers and substitute driver(s). ____ yes ____ no

Describe training provided

Date training completed _____

Training has been provided to drivers and substitute driver(s). ____ yes ____ no

Describe training provided

Date training completed _____

Training has been provided to drivers and substitute driver(s). ____ yes ____ no

Describe training provided

Date training completed _____

V. STUDENT SPECIFIC EMERGENCY PROCEDURES

[illegible]

Appendix F.8

Care of Equipment

Definitions:

Care of

implies looking after or dealing with something or someone.

Equipment

is something material with which a person, organization or entity is equipped, i.e., the instruments, apparatus or things required for a particular job or purpose.

Purpose:

- To ensure the equipment will function when needed by the student for routine care or in an emergency
 - To minimize the risk of infection from equipment shared by several students
 - To reduce risk of infection from repeated use of equipment by the same student
-
- | | |
|---|---|
| 1. Obtain the manufacturer's instructions from the supplier or the parent. | • Make two copies; keep one in your building file, keep the other in a resealable bag with the piece of equipment. |
| 2. Become very familiar with the equipment. | • Arrange for a knowledgeable representative to provide a demonstration. This might be the therapist, family member, home care provider, hospital staff, manufacturer representative, pharmaceutical sales person and/or the physician. |
| 3. Make sure all supplies are on hand. | • Arrange for the family to provide any specialized cleaning supplies, any special tools (odd sized screwdrivers, wrenches, etc.) and spare parts (tubing, nuts, bolts, screws, spare glass suction bulbs, bottles, etc). |
| 4. Keep parts and equipment in a labeled resealable plastic bag with the equipment. | • If it must be stored separately, attach a note to the equipment telling where it is stored. |
| 5. Maintain a current list of local supplies of oxygen, IV equipment, odd-sized hardware. | • Keep this list as well as a notation about an individual student's supplier because you may need a second source to call in an emergency. |
| 6. Work with the classroom teacher to establish a clean area for student's extra clothing and supplies. | • This is separate from personal care items and soiled items that will be sent home with the student. |

7. Recommend that each person working with the student, wash the equipment with soap and water, rinse, disinfect, rinse and dry after each use.
 8. Work with the building administrator and custodian to have the bathrooms and large surfaces cleaned and disinfected daily and as needed.
 9. Determine who will prepare any disinfectant solution(s), how often and where they will be stored.
 10. Work with the custodian to maintain a supply of plastic bags and disposable gloves.
 11. Obtain at least one covered puncture-resistant container to be used to discard sharp items that might be contaminated with body fluids.
 12. Provide instruction for proper care of used needles and other supplies contaminated with body fluids.
 13. Assign a specific person to care for equipment used in special care procedures.
- Refer to Universal Precautions regarding care of surfaces, equipment, etc.
 - Refer to Universal Precautions.
 - This should be decided on a building level, usually by the custodian.
 - Place a supply in each classroom and work area.
 - Secure a sharps container for each building.
 - All staff should receive instruction in Universal Precautions on an annual basis. Follow school district/local community health policy to arrange for proper disposal of the sharps container when full.

Appendix F.9

Sample Letter To Physician Regarding Health Care Plan

DATE

Dear Dr. _____;

The _____ school district has been asked to provide specialized health care for your patient, _____.

If it is essential that this procedure be provided during school hours, we will need your written order on file.

Attached is a tentative health care plan for this student, including a description of a standardized procedure. Please review these materials, make written comments and provide the requested information to guide us in providing a safe school environment. We will incorporate your comments and make adjustments in the procedure as directed. Services will begin when we have the necessary orders and adequately trained personnel in place.

Please feel free to contact _____, who is assuming the responsibility for the management of this student's health care in our school. She (he) can be reached at _____ (add best time to call, if this is pertinent).

Sincerely,